



TERMS OF USE FOR USE OF THE HEDIS® MEDICARE HEALTH OUTCOMES SURVEY AND HEDIS MEDICARE HEALTH OUTCOMES SURVEY-MODIFIED

By using the HEDIS Medicare Health Outcomes Survey (“**HOS**”) and/or Medicare Health Outcomes Survey-Modified (“**HOS-M**”) (individually, a “**Survey**” and collectively, the “**Surveys**”) outside the official CMS-sponsored HOS Program, you and your organization (“**you**”) agree to the following terms and conditions (“**Terms of Use**”). The National Committee for Quality Assurance (“**NCQA**”) reserves the right to change any of these terms in the future, at any time. If you do not agree to these Terms of Use, you may not use the Surveys. Please read this Terms of Use, which is a binding agreement between you and NCQA, carefully.

1. You are permitted to use the Surveys outside the official CMS-sponsored HOS Program, subject to the below terms, for non-commercial, quality improvement activities, including fielding Survey questions. Vendors who assist companies in fielding the Surveys may do so, even if such use may be classified as a commercial manner (subject to the below terms).
2. **You may not field any Survey questions eight weeks before and during the official CMS HOS and HOS-M survey administration.**
3. THE SURVEYS ARE PROVIDED “AS IS.” NCQA MAKES NO WARRANTY TO YOU, EXPRESS OR IMPLIED, WITH RESPECT TO INFORMATION OR MATERIALS PROVIDED OR ACCESSED PURSUANT TO THIS TERMS OF USE, INCLUDING WITHOUT LIMITATION ANY WARRANTY OF MERCHANTABILITY OR FITNESS FOR ANY PARTICULAR PURPOSE, ANY WARRANTY THAT THE SURVEYS WILL BE FREE FROM INFRINGEMENT OF PATENTS, COPYRIGHTS, TRADEMARKS, TRADE SECRETS OR OTHER RIGHTS OF THIRD PARTIES AND ANY WARRANTY AS TO THE ACCURACY QUALITY, RELIABILITY, SUITABILITY, COMPLETENESS, TRUTHFULNESS, USEFULNESS, OR EFFECTIVENESS OF THE SURVEYS. NCQA DISCLAIMS ALL LIABILITY FOR USE OR ACCURACY OF THE SURVEYS.
4. NCQA SHALL HAVE NO LIABILITY TO YOU FOR: (1) ANY DAMAGES RESULTING FROM USE OR INTERPRETATION OF THE SURVEYS, INCLUDING BUT NOT LIMITED TO USE OR THE IMPACT, PROVISION OR STANDARD OF MEDICAL CARE; OR (2) ANY INCIDENTAL, SPECIAL, CONSEQUENTIAL, EXEMPLARY OR PUNITIVE OR OTHER INDIRECT DAMAGES ARISING UNDER OR RELATED TO THIS TERMS OF USE, IN EACH CASE WHETHER OR NOT NCQA HAS BEEN ADVISED OF THE POSSIBILITY OF SUCH DAMAGES. THE LIABILITY OF NCQA SHALL OTHERWISE BE LIMITED TO ACTUAL AND DIRECT DAMAGES, NOT TO EXCEED \$1,000.
5. The Surveys were developed under contract with the Centers for Medicare & Medicaid Services (“**CMS**”). Only the official results calculated by CMS through CMS’s administration of the HOS survey may be characterized as Medicare Star Ratings and considered methodologically sound and appropriate for comparisons to other Medicare health plans. You may not represent independently generated results as “Medicare Star

Ratings” or “Star Ratings.” Data obtained in any other way may not be used for valid plan-to-plan comparisons or to appeal official CMS results.

6. NCQA may share your name with CMS.
7. Approval to use the Surveys, as further described below, does not relieve you of your responsibility to protect the rights and welfare of individuals participating in research studies. It is your responsibility to obtain appropriate institutional and ethics review board approval, if applicable.
8. A privately administered Survey instrument may **not** be labeled or referred to as the “Health Outcomes Survey,” “HOS,” “Medicare Health Outcomes Survey,” “MHOS,” “Health Outcomes Survey-Modified,” “HOS-M,” “Medicare Health Outcomes Survey-Modified,” “MHOS-M,” “Medicare Experience Survey,” or “Medicare Satisfaction Survey.”
9. A privately administered Survey instrument may **not** include CMS or NCQA logos nor may it suggest or imply that the Survey is administered on behalf of the government. Further, you may **not** represent the private application of a Survey instrument as an administration of the official HOS or HOS-M.
10. You may **not** represent that the private application of a Survey instrument constitutes an official score on a HEDIS measure. Such results may be represented a HEDIS measure if the results are calculated by NCQA and the Survey is administered by a CMS-approved HOS survey vendor following the standard Survey protocol.
11. **IMPORTANT:** Before using a Survey to field Survey questions, you **must** submit a HOS/HOS-M Survey Use Request, including a sample questionnaire for review, to NCQA via hos@ncqa.org. If you intend to verbally administer Survey items, you **must** provide a sample survey script. Questionnaires and scripts must meet the following requirements:
 - a. The questionnaire or script must use a different cover than the official HOS and HOS-M Surveys that does **not** include the NCQA or CMS logo.
 - b. The questionnaire or script must use a **different font** than the official HOS or HOS-M, which use Arial font.
 - c. The questionnaire or script may **not** use header language found in any government sponsored survey (e.g., “Your Health Care in the Last 6 Months”).
 - d. The OMB statement inside the front cover of each Survey must be **removed** in its entirety. In addition, the OMB reference number must be removed from each page.
 - e. Each survey page after the cover page must contain the following phrase as a footer, including bolding and capitalization, where applicable:
 - i. English: “**THIS IS NOT AN OFFICIAL GOVERNMENT SURVEY.**”
 - ii. Spanish: “**ESTA NO ES UNA ENCUESTA OFICIAL DEL GOBIERNO.**”
 - iii. Chinese: “**這不是官方的政府調查。**”
 - iv. Russian: “**Данный опрос не является официальным государственным опросом.**”

- f. Use of the terms “Health Outcomes Survey,” “Medicare Health Outcomes Survey,” “Health Outcomes Survey-Modified,” “Medicare Health Outcomes Survey-Modified,” “Medicare,” or “Medicaid” is restricted to the copyright language found in Exhibit A, which **must** be included inside the front cover.
12. NCQA will provide a written decision related to your proposed use of the Surveys to field Survey questions within 10 days of receiving your request. Approvals will be valid for one year. **You must resubmit a new Survey use request, annually.**

EXHIBIT A

English

Medicare Health Outcomes Survey

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Some of the items in this questionnaire were obtained from the Medicare Health Outcomes Survey (HOS) with the express permission of NCQA. However, this survey is not being used as part of the Medicare HOS program and is not recognized as such by NCQA or the Centers for Medicare & Medicaid Services (CMS).

Permission received [month and year in which letter is dated].”

Medicare Health Outcomes Survey-Modified

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Some of the items in this questionnaire were obtained from the Medicare Health Outcomes Survey-Modified (HOS-M) with the express permission of NCQA. However, this survey is not being used as part of the Medicare HOS-M program and is not recognized as such by NCQA or the Centers for Medicare & Medicaid Services (CMS).

Permission received [month and year in which letter is dated].”

Spanish

Encuesta de Medicare Sobre la Salud

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Las preguntas en este cuestionario se obtuvieron de la Encuesta de Medicare Sobre la Salud (HOS), con permiso explícito de NCQA. Sin embargo, esta encuesta no forma parte del programa de la Encuesta de Medicare Sobre la Salud y no es reconocida como tal por NCQA o los Centros de Servicios de Medicare y Medicaid (CMS).

Permiso recibido en [MONTH in which letter is dated] del [YEAR in which letter is dated].”

Encuesta Modificada de Medicare Sobre la Salud

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Las preguntas en este cuestionario se obtuvieron de la Encuesta Modificada de Medicare Sobre la Salud (HOS-M), con permiso explícito de NCQA. Sin embargo, esta encuesta no forma parte del programa de la Encuesta Modificada de Medicare Sobre la Salud (HOS-M) y no es reconocida como tal por NCQA o los Centros de Servicios de Medicare y Medicaid (CMS).

Permiso recibido en [MONTH in which letter is dated] del [YEAR in which letter is dated].”

Chinese

聯邦醫療保險健康狀況問卷調查

「© 2025 全國品質保證委員會 (NCQA)。未經 NCQA 書面同意，不得以任何電子或機械形式擅自複製或傳送這項問卷調查。保留所有權利。

本問卷的一些問題是取自聯邦醫療保險健康狀況問卷調查 (HOS)，並獲得 NCQA 的明確許可。然而，本問卷調查不會作為聯邦醫療保險 HOS 計劃的一部分，也未受到 NCQA 或 Centers for Medicare & Medicaid Services (CMS) 如此認可。

獲得許可日期 [month and year in which letter is dated]。」

聯邦醫療保險健康狀況問卷調查修訂版

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本問卷的問題是取自聯邦醫療保險健康狀況問卷調查修訂版 (HOS-M)，並獲得 NCQA 的明確許可。然而，本問卷調查不會作為聯邦醫療保險 HOS-M 計劃的一部分，也未受到 NCQA

Centers for Medicare & Medicaid Services (CMS) 如此認可。

獲得許可日期 [month and year in which letter is dated]。]

Russian

Опросник Medicare по показателям состояния здоровья

"© 2025 г., Национальный комитет по обеспечению качества (NCQA). Не допускается воспроизведение или передача данного опросника в любой форме, электронной или механической, без явного письменного разрешения Национального комитета по обеспечению качества (NCQA). Все права защищены.

Некоторые пункты данного опросника взяты из «опросника Medicare для оценки состояния здоровья по результатам лечения» (Medicare Health Outcomes Survey, Medicare HOS) с разрешения комитета NCQA. Однако данный опросник не используется в рамках программы HOS Medicare и не считается таковым NCQA или Центрами по обеспечению реализации программ Medicare и Medicaid Centers for Medicare & Medicaid Services (CMS).

Разрешение получено [month and year in which letter is dated].”

Опросник Medicare по показателям состояния здоровья — модифицированная версия

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Пункты данного опросника были взяты из модифицированной версии «Опросника Medicare по показателям состояния здоровья» (HOS-M) с разрешения комитета NCQA. Однако данный опросник не используется в рамках программы HOS-M Medicare и не считается таковым NCQA или Центрами по обеспечению реализации программ Medicare и Medicaid Centers for Medicare & Medicaid Services (CMS).

Разрешение получено [month and year in which letter is dated].”

Attestations

Instructions: The requesting Organization and Survey vendor, if applicable, must sign to acknowledge their review and agreement to specified Terms of Use.

Organization Attestation

I hereby acknowledge that I have read and agree to the Terms of Use for the Medicare Health Outcomes Survey and Medicare Health Outcomes Survey-Modified.

Name Date

Signature

Organization

Survey Vendor Attestation (if applicable)

I hereby acknowledge that I have read and agree to the Terms of Use for the Medicare Health Outcomes Survey and Medicare Health Outcomes Survey-Modified.

Name Date

Signature

Organization